

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

For Official Use

Petitioner: _____

Respondent: _____

☐ Amended

**Interim Financial Summary
to Child Support Agency**

Case No. _____

IVD Case No.(s): _____

Hearing Date: _____

Mother's Name: _____ Birth Date: _____

Address: _____
Street City State Zip

Father's Name: _____ Birth Date: _____

Address: _____
Street City State Zip

Child(ren): (Provide Name and Birth Date)

<u>Child's Name</u>	<u>Birth date</u>	<u>Child's Name</u>	<u>Birth Date</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Person who will RECEIVE payments: (check one)

☐ Mother

☐ Father

☐ Other: _____

Person who will MAKE payments: (check one)

☐ Mother

☐ Father

Payor's employer: Name: _____

Phone: _____

Address: _____
Street City State Zip

Fax: _____

☐ By income assignment

☐ Payor to send payments to: WI SCTF, Box 74200, Milwaukee, WI 53274-0200

☐ 1. Child Support ☐ Family Support \$_____ per _____ effective _____ ☐ Per continuing order

☐ 2. Maintenance ☐ Section 71 \$_____ per _____ effective _____ ☐ Per continuing order
terminates _____

☐ 3. Health insurance premium \$_____ per _____ effective _____ ☐ Per continuing order

☐ 4. Repay birth expenses of \$_____ @ \$_____ per _____ effective _____ ☐ Per continuing order

☐ 5. Repay costs of \$_____ @ \$_____ per _____ effective _____ ☐ Per continuing order

☐ 6. Other: _____ of \$_____ @ \$_____ per _____ effective _____ ☐ Per continuing order

☐ 7. Total arrearages owed:

☐ Child Support \$_____ as of: _____; Payable \$_____ per _____ effective _____

☐ Family Support \$_____ as of: _____; Payable \$_____ per _____ effective _____

☐ Maintenance/Sect 71 \$_____ as of: _____; Payable \$_____ per _____ effective _____

☐ Other: _____ \$_____ as of: _____; Payable \$_____ per _____ effective _____

☐ 8. Health insurance: (CHECK ONE) ☐ Both Parents ☐ Mother ☐ Father to provide if available at reasonable cost.

☐ No Order

☐ 9. Other: (specify) _____

Form prepared by: (name) _____ Date: _____ Daytime phone: _____

Court Official: (name) _____ Date: _____

Distribution: Original: Court
Child Support Agency